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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *na*  
This appln claims benefit of 60/456,154 03/20/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *na*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 06/02/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY OH	SHEETS DRAWING 9	TOTAL CLAIMS 20 / 7	INDEPENDENT CLAIMS 3
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TITLE  
Safety holders for fireworks

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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